State of Michigan

2013 Semi-Annual Report

Michigan Department of Community Health

Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit







Standardized Infection Ratios (SIRs) for NHSN Modules All Data and Centers for Medicare and Medicaid Services (CMS) Required Elements State of Michigan 2013 H1

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Infection	MI	MI Obs ²	MI Pred ³	MI SIR ⁴	MI SIR	MI 95% CI ⁶	MI CMS	MI CMS	MI CMS	MI CMS	MI CMS SIR	MI CMS SIR
Туре	Hosp ¹				p-value ⁵		Hosp'	Obs ⁸	Pred ⁹	SIR ¹⁰	p-value ¹¹	95% CI ¹²
CAUTI ¹³	86	569	447.900	1.270↑	<0.0001	1.169, 1.378	79	516	378.407	1.364	<0.0001	1.250, 1.485
CLABSI ¹⁴	83	167	403.811	0.414↓	<0.0001	0.354, 0.480	79	139	338.862	0.410↓	<0.0001	0.346, 0.483
SSI ¹⁵	80	513	577.191	0.889↓	<0.0001	0.814, 0.968						
SSI COLO ¹⁶	79	468	537.074	0.871↓	0.0346	0.765, 0.989	80	138	141.912	0.972	0.7840	0.820, 1.145
SSI HYST ¹⁷	74	172	152.452	1.128	0.2654	0.908, 1.386	81	44	34.220	1.286	0.1050	0.946, 1.711
MRSA Bac LabID ¹⁸	82	180	173.397	1.038	0.6359	0.895, 1.198	82	180	173.397	1.038	0.6359	0.895, 1.198
CDI LabID ¹⁹	82	1,790	1,854.14	0.965	0.1382	0.921, 1.010	82	1,790	1,854.1	0.965	0.1382	0.921, 1.010

Michigan Data for CMS Reporting

- ¹Total number of Michigan hospitals sharing data with the SHARP Unit for aggregate reporting.
- ²Michigan Observed: Number of infections reported during the time frame overall for each module.
- ³Michigan Predicted: The overall number of infections predicted based on the type of hospital unit(s) under surveillance.
- ⁴Michigan SIR: Standardized Infection Ratio: Ratio of observed events compared to the number of predicted events, accounting for unit type or procedure. An SIR of 1 can be interpreted as having the same number of events that were predicted. An SIR that is between 0 and 1 represents <u>fewer</u> events than predicted, while an SIR of greater than 1 represents <u>more</u>. ↑: Michigan had significantly more infections than expected, ↓: Michigan had significantly fewer infections than expected.
- ⁵P-value: An SIR p-value of <0.05 is considered significantly different than expected. It can show either significantly more infections (if the SIR is greater than 1 and the p-value is <0.05) or significantly fewer (if the SIR is less than 1 and the p-value is <0.05).
- Michigan 95% CI: 95% confidence interval around the SIR estimate. A 95% CI indicates that 95% of the time, the actual SIR will fall within this interval.
- ⁷Number of Michigan hospitals sharing data with the SHARP Unit that fulfills requirements set by the Center for Medicare and Medicaid Services (CMS).
- 8 MI CMS Observed: Number of infections reported during the time frame that meet CMS reporting requirements.
- 9MI CMS Predicted: The number of infections predicted based on the type of hospital unit(s) under surveillance and including only data that meet CMS reporting requirements
- ¹⁰Michigan CMS SIR: Standardized Infection Ratio including only data that meet CMS reporting requirements. ↑: Michigan's CMS SIR showed significantly more infections than expected, ↓: Michigan's CMS SIR showed significantly fewer infections than expected.
- 11 MI CMS SIR p-value: the SIR p-value indicating statistical significance in data that meet CMS reporting requirements.
- ¹²MI CMS SIR 95% CI: 95% confidence interval indicating statistical significance in data that met CMS reporting requirements.
- ¹³Catheter-Associated Urinary Tract Infection, ¹⁴Central Line-Associated Blood Stream Infection, ¹⁵Surgical Site Infection, ¹⁶Colon Surgery, ¹⁷Abdominal Hysterectomy,
- ¹⁸MRSA BacLabID: Inpatient facility-wide MRSA bacteremia Laboratory-Identified Event, ¹⁹CDI LabID: Inpatient facility-wide *Clostridium difficile* Laboratory-identified Events

This report includes Michigan NHSN data for the first half of the 2013 calendar year. It demonstrates aggregate results from all data provided by Michigan hospitals to the MDCH SHARP Unit, as well as the subset of that data which are reported to the Centers for Medicare & Medicaid Services (CMS) to fulfill reporting requirements. All hospitals sharing data with the SHARP Unit will receive a corresponding individualized report (including non-acute care hospitals) comparing their hospital data to the CMS data shown in this report. Comprehensive Michigan Aggregate HAI Surveillance Reports can be found at www.michigan.gov/hai.

Standardized Infection Ratios (SIRs) for NHSN Modules: All Data and CMS-Required Elements

This table provides Standardized Infection Ratios (SIRs) for the six modules required by CMS in 2013, and displays both Michigan's aggregate semi-annual and a subset of CMS-required data. Aggregate SIRs include data from all locations for the catheter-associated urinary tract infection (CAUTI) and central-line associated bloodstream infection (CLABSI) modules. CMS-required SIRs include adult, pediatric, and neonatal intensive care unit (ICU) data for CLABSIs and adult and pediatric ICU data for CAUTIs. Aggregate surgical site infection (SSI) SIRs include superficial, deep, and organ/space SSIs as well as those identified on admission, readmission, and via post-discharge surveillance. CMS SSIs include only deep incisional primary and organ/space SSIs with an event date within 30 days of the procedures and use only age and American Society of Anesthesiologists (ASA) score to determine risk for colon surgeries (COLO) and abdominal hysterectomies (HYST). Aggregate and CMS-required SIRs are the same for MRSA bacteremia facility-wide Laboratory-identified data and *Clostridium difficile* facility-wide Laboratory-identified data as the SIR calculation was developed for CMS reporting purposes. Descriptions of terms used in the tables can be found in the table footnotes in the report.

Descriptions of Graphs

The individual graphs display a comparison of the Michigan CMS SIR for each of the CMS-required modules as well as the overall MI SIR for each module and the 2012 US SIR (not available for LabID data). The percentage listed on each bar shows the percent difference each respective SIR is from the national baseline. National baseline data were collected in 2006-2008 for CLABSI and SSI, 2009 for CAUTI, and 2011 for CDI and MRSA.





